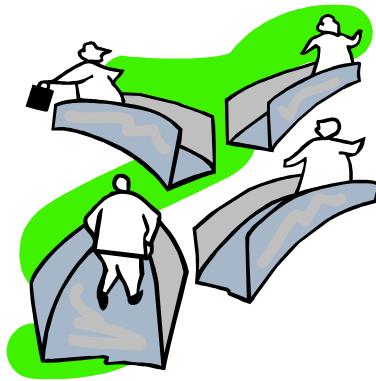


REGIONAL EMS COUNCIL PROCESS ACTION TEAM Planning Session



November 20-21, 2008
Best Western Hotel – Waynesboro, VA

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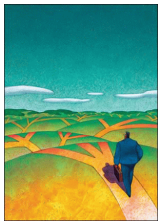
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SESSION GOALS

1. Reaffirm the outcome that the Process Action Team (PAT) is to achieve
2. Agree on behavioral norms for a successful process
3. Develop a summary vision for Virginia's EMS system (most significant future attributes/outcomes)
4. Review elements of the process and identify what participants have learned
5. Resolve fundamental decision points
6. Identify opportunities for improvement
7. Develop specific recommendations and strategies for improvement
8. Identify next steps

BEHAVIORAL NORMS FOR A SUCCESSFUL PROCESS

- Work together for a common solution (not individually)
- Seek stakeholder input
- Have an open mind; be willing to consider all solutions
- Participate
- Work for what is good for the Commonwealth, not individual constituencies
- Recognize that not everyone can be made 100% happy; compromise
- Be nice



Where are We?

Reflecting on all the information that has been presented and discussed, what is the most significant conclusion that you have come to (individually) about what we need to do to achieve the Summary Vision for Virginia's Regional EMS Council system?

Tina: Over the past many months this has been a healthy assessment and we should do that on a fairly regular basis (take a look at our system.) There are areas where each of us can improve and areas where we can share best practices. There also needs to be a move toward more accountability. As a PAT Member looking at the maps, I see that there are more opportunities for collaboration. I'd like to create a system that works more collaboratively to achieve our vision. A lot of us talk about it, but we need to do it.

Donna: We all share the same vision and want the same good care for our patients. Geographic boundaries don't really affect the vision, so making different boundaries shouldn't be part of the vision. There is a perception that there that OEMS is on one side and the regional councils are on the other. It's okay to disagree, but things have gone beyond that. We should be more friendly to each other, be honest, and not do things that others don't know about that are destructive.

Dreama: We have a lot of vision [themes] in which everyone is interested, including patient care, standardization, and others. As a result of this process, were people forced to say that collaboration is needed and will they slide back when the process stops? We need input from localities about what will work best for them. There are a lot of things locally that have to be specialized so we need input on that. I'm leaning toward the council offices becoming state offices because they already have things in place to create a smoother transition toward the things that we want.

Randy: I agree that good things have come out of the process and that we need to do self-evaluations. But the process has gotten kind of broken as we have reduced it from an issue perspective to a personality perspective. The trust factor is hampering this process and may do so in the future. I think that the public/private partnership has suffered a death knell. When people question your intent behind your back, the system suffers. I would like to think that the system is not failing because we have a lot of good people in it. But we need to be able to do our work objectively and fairly and get to the outcome. I suggested to the PAT Chair that we set up an ethics board so that we can deal with folks who don't stay within the process. The State has a lot to offer, but we get caught up in the minutiae and are not able to do the professional work we need to do.

Rob: In our fact-finding stage, we learned that we have some opportunities for improvement and that consolidation just for consolidation's sake is not what we wanted. The proposed realignment did cause us to come to this process. We learned that it was very difficult to overcome the issue of self-preservation. We now know that we must seize every opportunity that we have to work together, engender trust, and do all this to achieve the vision that we created this morning.

Gary B: We need to put our personal agendas and turf issues aside, focus on the bigger picture, and come to consensus. Everyone will need to give a little bit and not everyone will be 100% happy.

Scott W: Align our shared goals and objectives and make a decision about where we are going. It's hard to have dispassionate discourse around issues that are highly emotional. We need to be mindful in here of every party's perspective without dismissing it because of its emotional content but move forward in consideration of it.

Scott H: We were a system in need of an overhaul. This process has allowed me to shift my mindset and I appreciate the opportunity. We need to talk to each other and not at each other. We need to share information about successful solutions and not worry about the competitive component. We need to put personal feelings aside and make recommendations that will serve our citizens. We need to return to a “boots on the ground” (grass roots) approach and compromise within our regional areas to reach solutions. Personally, I think that merging councils just to reach a number is not a solution. If it works to merge, let's facilitate that process. For councils that are working well, let them continue to do the job that they are doing.

Chris: Our “historian” told us how councils were created and it served the Commonwealth well for a long time, but we now have the opportunity not to live in the past, but to live in the future. We have to focus on the future and be open to potential change that affects our statewide EMS system as long as it enhances the services that we are providing to our citizens. I don't want to see change just for the sake of change. I, too, share concerns that things will slip back to where they were if we don't have some mechanisms in place to keep us going. The change needs to have some deliberate focus so that we don't slip back.

Theresa: I've learned an incredible amount and there are many things that the system does well. We have to work together for the good of the system as a whole. We need to work on the underlying trust issue in order to move forward. This rebuilding of trust needs to be done so that we can all move on – we need to make it a priority.

Jason: I have come to the conclusion that the regional councils are the most influential part of VA's EMS system. They are the gatekeepers and they set the tone. There are some opportunities for consolidation and there are opportunities for collaboration. There also need to be some improvements in fiscal accountability to insure that the councils are delivering the contracted services.

Bruce: We need to create and maintain consistent ongoing collaborative efforts among and between regional councils. Some of the concerns have been expressed are in this trust issue. We have more collaboration since this committee brought the need for it to light and there is fear that it will go away when the process is over. The distrust between government and regional councils may be helped by having a regional representative at the local level to strengthen collaboration and trust. We are in this situation because that's the way we designed the system to enable each council to design its own delivery system. But to achieve statewide standardization, there will have to be a change in how that works. Collaboration will only work so far; after that, we will have to be willing to make changes in this particular structure. Can we streamline things by having a service area served by two regional councils – would that push them toward more collaboration?

Gary C: During the last 9 months, I believe that we have identified lots of good things that are going on across the state, but we have also identified a lot of weaknesses. There are some equity issues and some service issues. There are problems with the contracts. If the deliverables are not being delivered, are we holding people accountable? Are we sharing best practices? There are opportunities for communication, collaboration, and sharing best practices. We need to look at the contract to evaluate it to make sure that what is in it is what we need to get to our summary vision. Whatever is in the vision, that accountability factor needs to be in there. Our grass roots participation is one of the strengths in VA's EMS system in that the providers have had a voice. The OEMS has always tried to include them, but we need to make sure that the grass roots involvement is maintained.

THEMES/CONCLUSIONS REGARDING WHAT WE HAVE LEARNED

1. **STRUCTURE** - We should not redraw boundaries just to make fewer numbers
2. **TRUST** - There are significant trust issues that need to be addressed. Need to find a way to tackle it head on so that we can spend our time productively and not waste time that keeps us from focusing on our mission; find a way to rebuild relationships to overcome the trust issue
3. **COLLABORATION** - Collaboration is the key to the effort. Any model that we find will find upsides and downsides but it is collaboration that enables you to make it work.
4. **ACCOUNTABILITY** - We have to insure that there is accountability in the system and that it is sustained beyond this process. We are speaking of both programmatic and fiscal accountability.

FUNDAMENTAL DECISIONS

1. Should we go to State regional offices? (Table)
2. Should we redraw the service areas as proposed in Map C? No
3. Based on our collaborations in the proposed regions, are there any “friendly mergers” or changes in regional composition that may be advantageous? (see below)
4. If we are not going to consolidate, what opportunities for improvement need to be pursued in the system to achieve the vision for the Commonwealth’s EMS system?

What are we trying to achieve in realigning the service areas?

- As a system, be able to go to Board of Health with a solid proposal that we can all stand behind
- Rise above the issues that have been surfaced in the last year
- Come to a consensus that could move us forward a couple of notches

Why are service areas established?

- The Code requires service areas; they identify entities that are attached to an area that are responsible for the provision of services to the jurisdictions, licensed agencies, constituents
- Service areas should facilitate the achievement of the EMS Summary Vision
- If we designate a broader service area, the providers would feel ownership for both areas and be encouraged to have more commonality in service delivery
- Broader service area would stimulate more opportunities for collaboration
- Enable us to make improvements in the system without losing our identities

Go to Board of Health and ask them to make changes in the service areas as follows:

1. SWVAEMS
2. NVEMS
3. PEMS
4. TEMS
5. ODEMSA
6. BREMS AND WVEMS
7. FEDERATION

Factors that may help us with our recommendations:

- Recognize that service areas may have multiple regional council contracts within them
- Moving from 8 services areas to 6 or 7 would show due diligence
- Representation on the Governor's Advisory Board would not change
- Include language in the Designation Manual that requires collaboration and accountability for it
- OEMS can temporarily waive the sections of the Designation Manual to facilitate this structure
- In addition, show Board of Health what we are going to do to improve the system in addition to changes in the service areas
- Make sure that we have the flexibility to incorporate neighboring localities where these discussions have taken place and where the councils wish to do so
- The service contracts need to be fixed – hold feet to fire regarding accomplishment of deliverables

REGIONAL EMS COUNCIL WORKING SUMMARY VISION FOR 2020

Note: This document, which is taken from the tag card grouping done by the PAT on 11-20-08, should be considered a draft document only. Should the PAT decide to use it in the future, further discussion and clear consensus on the Summary Vision is recommended.

We provide the highest level of quality in patient care to every citizen in the Commonwealth of Virginia as based on the best available evidence that is periodically reviewed and updated with continuous assessment and evaluation of outcomes and impact.

We do this as a system by our commitment to the achievement of the following outcomes:

1. **TRUST:** We have a regional system based on trust in which there is frank, honest and earnest discussion that is inclusive, representative of the system, and focused on our common goals for the Commonwealth.
2. **SHARED VISION AND VALUES:** We operate as a system of professionals with shared vision and values and philosophies. We are highly focused on the provision of effective, efficient, collaborative, and well-organized services at the regional and state level.
3. **DATA DRIVEN PERFORMANCE IMPROVEMENT:** We use research, science, and accurate data to constantly improve our performance and to assess patient outcome.
4. **STANDARDIZATION OF CARE:** We have a unified system of statewide protocols and are committed to doing things the same way to the degree that is appropriate so that patients receive a high quality standard of care. Our focus on high quality EMS education and training produces superbly trained EMS personnel.
5. **SOUND BUSINESS MODEL:** Our regional councils use a common, sustainable, and effective business model while routinely seeking efficiencies and applying current business practices.
6. **EFFICIENT RESOURCE MANAGEMENT:** The statewide EMS system has adequate well-trained personnel resources to deliver appropriate pre-hospital care based on measured standards and supported by sufficient equipment and supplies.

SMALL GROUP BRAINSTORM ON CHANGES TO ACHIEVE SUMMARY VISION

What are the specific changes that we need to make in the EMS system to achieve our Summary Vision?

TRUST

- Improve communications, relationships, involvement, disclosure, respect
- Expectations of system and its components clearly articulated
- Accountability and measurable outcomes
- Requisite support and resources to deliver those expectations
- Mechanism or forum for empowerment of system to contribute and shape expectations
- Trust is built by being tested (individual accountability)
- Vertical/horizontal open information exchange
- EMS community regain control of/establish balance with hospitals and other stakeholders
- Make sure shared information is accurate and well founded when presented/discussed outside of the EMS community
- Philosophy of “our system”
- Seek input/buy in from local government bodies (city councils, BOS, town councils); legislation to strengthen, then seek to ensure continuous delivery of EMS

PHILOSOPHY AND VALUES

- Develop a system of voluntary standards
- People have the ability to shape the objectives/the work being done (leave the “how to do it” to the people)
- All need to agree on shared objectives/vision
- Buy in; commitment to support collective decisions
- Commitment to openness
- Contract language – clear, accurate, measurable
- More assertiveness from OEMS – enforcement
- Science based decisions

SHARED VISION AND VALUES

- Promote buy in
- Need to hear voices of those who aren’t in agreement
- Build consent; need to have good process
- Need more involvement (OMOS, providers, localities, other health care partners)
- Reaffirm a single voice (AD Board)
- Closer AB/BBOH relationship
- Engage all OMDs with vision (move toward statewide protocols, drug boxes, etc.)
- Engage AB with vision; engage regional council boards
- Use state EMS plan to implement elements of shared vision

CONSCIOUS AND DELIBERATE PRACTICE

- Develop and maintain plans that are used and studies
- True education and buy in on plans and practices
- Promote more awareness
- Make it easier for system to understand plans and practices
- Consumer/patient feedback and input

STANDARDIZATION OF CARE

- Protocols (drug box, stemi, uniform supply (hospital) exchange program
- Practice privilege
- Enforcement of regulations
- Base contracts with councils with meaningful relevant deliverables
- Regional RSAF grant review process (all levels)
- Develop a mechanism to review and score available evidence and accommodate emerging and evolving data
- Establish a process to create guidelines, voluntary standards and formulary
- Provide incentives and rewards for meeting voluntary standards and following guidelines and formulary
- Provide a mechanism for integrating innovation and evolution of clinical standards
- Review regional plans/contracts (crafted to shared vision)
- Work with Commissioner to establish direct lines between OEMS and public safety departments
- Continue aggressive pursuit of statewide, web-based PPCR collection and analysis system (linked to hospital data to determine outcome)

SOUND BUSINESS MODEL

- Electronic data system implementation
- Leadership qualification to include business knowledge, skills, and abilities
- Coordinated employee benefits
- Training of Council staff and leadership in fiscal management, HR management, topic areas best practice sharing/education, and mentoring
- Exploration of how to formulate consistent local government support (funding) process
- Greater consistency in stakeholder representation and local boards
- Develop a mechanism to evaluate current practices and to identify opportunities to improve efficiency and effectiveness
- Promote multilateral communication and contribution regarding the evaluation of current practices and efforts to improve efficiency and effectiveness
- Develop measurable and demonstrable outcome measures to validate any changes made in above and re-evaluate, refine, and redirect periodically

RESOURCE MANAGEMENT

- Overall RSAF process
- Workforce retention – demonstrated evidence of success
- Improve recruitment and retention of career and volunteer providers
- Review state guidelines of resources (equipment) needed to deliver effective and efficient care – make sure quantities of equipment support needs
- Develop method to identify and define strategies to resolve barriers or impediments to effective resourcing of all levels/parties
- Develop method to prioritize resource needs and communicate that method and process; communicate priorities and anticipated time frames

PROVIDERS

- Feedback
- Facilitate buy in from providers
- Education
- Retention

- Safety

ACTION PLANS

Small groups developed preliminary plans to address the outcomes in the EMS Summary Vision to include the following steps:

1. *Refine outcome statement*
2. *Develop objectives (major components of addressing the outcome; each would require an action plan)*
3. *Develop a list of possible key tasks and activities (not too detailed, no target dates)*
4. *Focus on an actionable plan that uses your best strategic thinking*

The plans will need more discussion and input from stakeholders in the system. The preliminary plans also have a direct relationship to the EMS Plan and could be aligned with these plans to enhance success.

TRUST

Outcome: We have a regional system based on trust in which there is a frank, honest, and earnest discussion that is inclusive, representative, and focused on our common goals for the Commonwealth

1. Improve Communication: Provide a platform for clear, accurate, and concise information sharing and improved communications
 - Conduct 7 Town Forums in each of the service areas annually
 - Continue to utilize information technology to improve timely communication with the system through the regional councils and OEMS
 - Develop agency e-mail list serve for every licensed agency
 - Develop a rumor control mechanism at the regional level for providers, agencies, and others
 - Develop a more formal mechanism to exchange information (OMES, Fire Programs, VDEM, regional councils)
 - Encourage information to be taken to the lowest level of agencies, organizations
2. Effective Relationships: Develop and maintain effective relationships among all EMS stakeholder groups
 - Regional Councils evaluate board make-up to ensure inclusiveness from within each system
 - Develop a mechanism or forum for the empowerment of the system so that it can contribute and shape expectations to achieve buy in
 - Establish clear expectations
 - No surprises

SHARED VISION AND VALUES

Outcome: We operate as a system of professionals with shared vision and values and philosophies. We are highly focused on the provision of effective, efficient, collaborative, and well-organized services at the regional and state level.

1. Reaffirm the Governor's EMS Advisory Board as the unified voice to articulate shared vision and values of the system
 - Ensure the EMS Advisory Board is representative of all stakeholders
 - Engage all OMDs in process to develop to develop shared vision
 - Utilize the EMS plan to implement the elements of the shared vision
 - Support the legislative efforts in securing a dedicated EMS seat on the Board of Health

STANDARDIZATION OF CARE

Outcome: We have a unified system of statewide protocols and are committed to doing things the same way to the degree that is appropriate so that patients receive a high quality standard of care. Our focus on high quality EMS education and training produces superbly trained EMS personnel.

1. Implement statewide protocols
 - Review literature
 - Define standards
 - Authoring education leading to implementation
 - Assess impact (S/P/O)
 - Periodic programmed review and revision
 - Establish a functional means to accommodate innovation
2. Implement standardization of practice privileges
 - Evidence-based scope of practice
 - Where evidence is sparse, generate study to define
3. Standardize contracts
 - Define the desired standard to ensure measurable, defined deliverables tied to discrete outcomes
 - Pursue performance-based funding ("at risk funding")

DATA DRIVEN PERFORMANCE IMPROVEMENT

Outcome: We use research, science, and accurate data to constantly improve our performance and to assess patient outcome.

1. Develop data driven performance improvement approach
 - Reliable and sound data collection
 - Collected, collated, transparent, and accessible so as to allow independent analysis
 - Analyzed and reported
 - Accountability for submission requirement
 - Linked to hospital data (and other sources)
 - Adjusting strategies based on performance data
 - Evaluate performance based on data

SOUND BUSINESS MODEL

Outcome: Our regional councils use common, sustainable, and effective business model while routinely seeking efficiencies and applying current business practices.

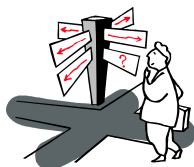
1. Secure adequate funding for all regional councils
 - Identify revenue sources (state, local, federal, private, etc.)
 - Prepare and prioritize program budget
 - Periodically review expenditures to ensure budget compliance
 - Re-evaluate results and adjust
2. Establish, maintain, and refine compliant fiscal management policies
 - Offer annual audit compliance updates
 - Conduct annual review of regional contracts for compliance

- Maintain competent business support staff

EFFICIENT RESOURCE MANAGEMENT

Outcome: The statewide EMS system has adequate well-trained personnel resources to deliver appropriate pre-hospital care based on measured standards and supported by sufficient equipment and supplies.

1. Recruit and retain an adequate number of trained personnel
 - Develop, implement, and maintain
 - Training programs
 - Recruitment strategies
 - Retention strategies
 - Marketing strategies
 - Mentoring strategies
2. Acquire and maintain sufficient equipment and supplies
 - Identify and obtain equipment
 - Educate providers and agencies on the effective use of RSAF to purchase equipment
 - Foster more effective use of equipment



OBSERVATIONS ABOUT OUR ROLE AND NEXT STEPS

- We need to work on this more to develop a high quality approach
- We have the issue of buy in to address
- We have an obligation to bring people on board because of our leadership role
- The work we have done is closely related to the State EMS Plan and needs to be aligned. The State Advisory Board should use an integrated plan to make decisions. The Plan has been removed from the Code to make it more adaptive.

Next Steps	Who/When
1. Clarify/interpret the language in the Designation Manual to insure that more than one council can serve a service area (insure that that language does not exist in more than one area of the manual)	Tim, Dave C, Tina, and PAT Chair by 12/31/08
2. Develop a FACT sheet on the PAT's work and recommendations to include roster that summarizes the process, proposal, and the agreement. Clarify that PAT members fully participated and a public comment period allowed for others to provide additional information. Send to the PAT Members for review and comment before distribution.	PAT Chair, PAT Vice Chair, Tim, Dave C.
3. Each PAT member will make a report to the group that they represent using the FACT sheet. The group commits to utilizing the final approved FACT sheet as the primary method of communication to avoid confusion and misinformation.	
4. A small group will meet with Delegate Abbott to tell him that there has been agreement to the 7 service areas and ask him to remove the budget bill language.	Donna, PAT Chair, Jason
5. The 7 service areas that we have agreed upon will be presented to the EMS Advisory Board for adoption so that the proposal can go forward to the Commissioner.	2/13/09
6. Commissioner Remley and the Chair of the EMS Advisory Board will present the results of the PAT process to the Board of Health.	
7. OEMS will implement the designation process and send out the package, including the clarification regarding the ability of more than one council to serve within one service area. The Regional Councils will apply for designation.	
8. If councils submit their packages by March 1, 2009, regional contracts will be awarded by a date to be identified by OEMS (after conferring with legal counsel). The group would prefer July 2010 to enable improvements in the contract.	
9. The Chair will work with OEMS and other stakeholders to define an ongoing structure for implementation of the Summary Vision and other PAT/EMS issues.	
10. The PAT process will continue to develop the EMS Summary Vision and its strategies, including the use of teams (new or existing) to bring in more stakeholder input and potentially including the use of technology.	Quarterly?